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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Schuler et al  Application No: 10/734,076 Confirmation No: 7962  Filed: December 10, 2003  Title: METERED DOSE INHALER WITH LOCKOUT	Group Art Unit: 3772  Examiner: Patel, Nihir B.  Attorney Docket No: NK.0130.00  October 29, 2007 San Francisco, California
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  <b>Papers Enclosed</b>  <input checked="" type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$450.00</td> <td style="text-align: center;">\$225.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,020.00</td> <td style="text-align: center;">\$510.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 120.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$450.00	\$225.00	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00	<b>Total \$ 120.00</b>		
Extension (Months)	Extension Fee																		
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<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00																	
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<input type="checkbox"/> Three Months	\$1,020.00	\$510.00																	
<b>Total \$ 120.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	30	30	0	\$50.00	\$25.00	\$0.00
Independent Claims	7	7	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims	0	0	0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						\$0.00

<b>Fee Payment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$120.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$120.00</b></td> </tr> </table> <input checked="" type="checkbox"/> Attached is check no. <u>2765</u> in the sum of <b>\$120.00</b> . <input type="checkbox"/> Please charge Deposit Account No. _____ in the sum of \$ _____. <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below  By: <u>Alison R. Parker</u> Date: <u>October 29, 2007</u>	Extension Fees	\$120.00	Fees for Extra Claims	\$0.00	<b>Total</b>	<b>\$120.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .  Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107  Respectfully Submitted, By: <u>Guy V. Tucker</u> Date: <u>October 29, 2007</u> Guy V. Tucker Registration No. 45,302
Extension Fees	\$120.00						
Fees for Extra Claims	\$0.00						
<b>Total</b>	<b>\$120.00</b>						



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Schuler et al.	Group Art Unit: 3772
Application No: 10/734,076	Examiner: Patel, Nihir B
Confirmation No: 7962	Attorney Docket No: NK.0130.00
Filed: December 10, 2003	
Title: METERED DOSE INHALER WITH LOCKOUT	October 29, 2007 San Francisco, California

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Examiner:

This communication is being filed in response to the Office Action mailed on June 28, 2007, and is being filed within four months thereof with a request for a one-month extension of time.

10/31/2007 CNEGA1 00000013 10734076  
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**Certificate of Transmission**

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By:   
Alison R. Parker

Date: 10/29/07